



## Case Report

## A case of severe anal injury in an adolescent male due to bestial sexual experimentation

Roger O. Blevins RN MSN (Assistant Professor) \*

University of Oklahoma College of Medicine-Tulsa, Department of Pediatrics, 4502 East 41st Street, Tulsa, OK 74135, United States

## ARTICLE INFO

## Article history:

Received 7 June 2008

Received in revised form 17 December 2008

Accepted 17 February 2009

## Keywords:

Bestiality

Paraphilia

Adolescence

Canine

Animal sexual abuse

Anal injury

## ABSTRACT

This report delineates a case of anal injury in a 12-year-old boy who gave a detailed history of bestial behavior with a male bulldog. The child described how he had seen this behavior modeled on the internet and subsequently initiated contact with his own dog, causing the dog to penetrate him anally. This type of juvenile bestial behavior with injury has only been reported once previously in the medical literature. Zoophilia, along with a number of other paraphilias, frequently has its onset in the adolescent age group. Adolescents evidencing paraphilic behaviors require thorough psychological evaluation. Spontaneous sexual assault of a human by a canine has never been described in the human or veterinary medical literature, nor is such a thing likely. A clinician involved in evaluating serious ano-genital injury in a child reportedly due to spontaneous canine sexual assault must consider other possible traumatic etiologies including sexual abuse. Investigation in any such case is essential.

© 2009 Elsevier Ltd and Faculty of Forensic and Legal Medicine. All rights reserved.

## 1. Introduction

A 12-year-old, male Caucasian was presented by his stepfather to the emergency department of a local, rural, hospital with marked ano-rectal trauma. Both the mother and stepfather stated that neither was at home on the day of admission but that the boy had brought the injury to the stepfather's attention when he came home to check on the child. There were no other children or adults in the home at the time. Upon noting blood in the youngster's underwear and on the floor of their bathroom, the stepfather notified the mother of the injury and met her at the emergency department.

On admission, the emergency department physician found the child to have significant anal bruising and tears and sent the youngster to a tertiary care center for further evaluation and surgical consult. Initially the 12 year old stated that he had "set on a paring knife" in explanation of his injury; however, no knife was noted at the scene, and his mother was not convinced. After some discussion with the boy's mother and later with investigators, the patient disclosed "doing" the male bulldog in their home. He was subsequently taken to surgery where an exploration of his injuries was performed, the extent of which did not require surgical repair. Photo documentation of the injuries was obtained in the operating room, and sexual assault evidence collection was performed. The

sexual assault evidence was not processed at the discretion of investigators.

In the operating room, the youngster was noted to have severe circumferential bruising of the anus along with minor tears at 6 o'clock, 3 o'clock, and 11 o'clock. He was found to have no significant internal injuries or other associated injuries to the legs, thighs, genitalia, or other parts of the body and was returned to the general pediatric unit while an investigation began. The author was requested by both medical staff and the investigators to consult regarding possible child sexual abuse the following morning, by which time he had spoken at some length with the law enforcement investigators in the case.

According to the investigators, they completed the scene investigation the preceding evening while the youngster was in surgery and prior to the parents returning to the home. At the scene, they found blood spattered on the bathroom floor as well as otherwise intact, but bloody, underwear in the room. As previously noted, the youngster had disclosed to investigators during his initial emergency room admission that his injuries had occurred when he had "screwed the dog." Parents were bulldog breeders, and their breeding pair of animals was found in the home. The male dog was estimated to weigh about 80 lbs.

During the medical history-taking interview, the author asked the youngster if he could tell him how he had come to injure his "behind." With some reluctance, the youngster stated, "I did the dog." When asked if he could describe what "doing the dog" meant, the child went on to say that he had "put the dog's penis in my

\* Tel.: +1 918 619 4550; fax: +1 918 619 4579.

E-mail address: [Roger-Blevins@ouhsc.edu](mailto:Roger-Blevins@ouhsc.edu).

butt.” On further questioning regarding what had prompted him to do this, the youngster stated that he had seen “a guy on the internet “doing it in a “pop up.” Subsequently he had decided to try it himself while giving his dog a bath. He then elaborated that the bulldog had developed an erection during the bath and that he had removed the dog from the bathtub and turned him onto his back on the floor. Thereafter he had straddled the animal and put the dog’s penis in his anus. When asked how that had felt, the young man stated “weird” and then went on to say that he had become “scared” when the dog “got locked to me like he does with X” (the female dog). He then said that he “jumped up and pulled him out” with resultant pain and bleeding.

The young boy had past medical history remarkable for moderate asthma, which required several medications to control, and for attention deficit hyperactive disorder (ADHD), for which he was being treated with Concerta. There were no mental health problems related, and the boy had never demonstrated sexualized behavior previously, nor had he disclosed any sexual victimization. The boy’s social history was remarkable in that the mother was a recovering methamphetamine addict, and he had been in foster care while she was incarcerated. He had been returned to her custody thereafter and had been in her custody for the preceding 2–3 years. The stepfather had been in the home for about the same amount of time. Investigators determined that he did not have any history of sexual perpetration or domestic violence.

## 2. Discussion

Human history is replete with documentation and archeological evidence of sexual activity between humans and animals. Though a discussion of the history of bestiality is far beyond the scope of this paper, Miletski<sup>11</sup> provides an extensive, scholarly review of the practice. While many cultures continue to condemn human–animal sexual relations, such behavior is treated with bemused tolerance by others, particularly in adolescent males, and is an accepted practice in some specific instances.<sup>11</sup> Specific sexual acts with animals run a gamut from practices, which result in little or no physical injury to the animal, to those that cause severe injury and death. Beetz<sup>4</sup> describes various bestial acts, including the human penile penetration of the cloacae of geese and chickens. When nearing sexual climax, the human participant may break the neck of the animal leading to spasm of the cloacae, thus heightening the human’s sexual stimulation. Of course, physical damage to the bird is immense with death being at least an end to its severe suffering.

The terminology related to human–animal sexual activity is somewhat confusing, and some terms, derived from different academic fields, are used interchangeably. Further, diagnostic terminology used in psychiatric medicine has been adopted by proponents of human–animal sexual relations to denote their sexual interest in animals in a cultural context. In common use, the term *bestiality* is usually employed to denote sexual activity between humans and animals, most often some form of penetrative genital–genital contact. Zoophilia is a psychiatric diagnosis listed under 302.9 in the *DSM 4 TR*<sup>3</sup> as a “Paraphilia Not Otherwise Specified.” The *DSM 4 TR* describes the essential features of a paraphilia as “recurrent, intense, sexually arousing fantasies, sexual urges, or behaviors generally involving nonhuman objects, the suffering of one’s self or partner or children, or other non-consenting persons that occur over a period of at least 6 months (Criterion A)” (p. 566). In some individuals, the paraphilia may be obligatory for sexual activity, whereas others may be able to function normally without it, only employing it in certain circumstances. The *DSM 4 TR* also gives a second criterion for diagnosing the paraphilias other than pedophilia, sexual sadism, voyeurism, exhibitionism, and frotteurism. This criterion (Criterion B) states that the diagnosis

may be made if the “behavior, sexual urges, or fantasies cause clinically significant distress or impairment in social, occupational, or other important areas of functioning” (p. 566). For pedophilia, voyeurism, exhibitionism and frotteurism, the diagnosis may be made if the “person has acted on these urges, or the urges or sexual fantasies cause marked distress or interpersonal difficulty” (p. 566). Sexual sadism may be diagnosed if “the person has acted on these urges with a non-consenting person or the urges, sexual fantasies or behaviors cause marked distress or interpersonal difficulty” (p. 566). Paraphilias are further noted to first present in later childhood or adolescence and to develop over the lifetime of the individual, with multiple paraphilias frequently being present over time.

Beetz<sup>4</sup> identifies a group of human–animal sexual proponents who refer to themselves as “Zoophiles” or “Zoos” thus taking psychiatric terminology into the cultural realm. This particular faction is said to espouse an emotional attachment to the animals with which they perform sexual acts, not unlike the rhetoric often heard from pedophiles.

From a sociological perspective, Beirne<sup>5</sup> has suggested the term “interspecies sexual assault” be used to describe the act of human–animal sexual relations, noting that coercion is almost always an element in the act, that the animal is unable to give consent and that the act itself frequently causes severe pain and may lead to the death of the animal. In this light, Beirne likens human–animal sexual acts to the sexual assault of women and children.

The veterinarians Munro and Thrusfield<sup>12</sup> have coined the term “animal sexual abuse” taking cues from human medical terminology related to child sexual abuse. They cite Beirne<sup>5</sup> observations regarding coercion, inability of the animal to consent, and likelihood of suffering and death of the animal, but express reservations about the term “interspecies sexual assault.” Their disagreement stems from the unlikely possibility that one nonhuman animal species might sexually assault another, thus obscuring the point of having terminology specific to human–animal sexual assault. They go on to state, “It is the very fact that the abuse involves either the sexual organs, or the anus and rectum that classifies the abuse as sexual in nature.”<sup>12(p78)</sup> Unfortunately, this reasoning does not take into consideration the motivation of the perpetrator for inflicting an injury to the genitals of an animal. It would seem more appropriate to use the term “animal sexual abuse” only if an attack or injury to an animal’s genitalia or anus were sexually motivated, as opposed to being inflicted in anger, or as a means of torture that is acted out for reasons other than sexual stimulation of the perpetrator.

It may be advantageous to think of the term “bestiality” as denoting any act of human–animal sexual contact, and the term “animal sexual abuse” as the term for the victim–animal’s perspective of the act when it is perpetrated by a sexually motivated human. All other forms of animal genital or anal injury inflicted by humans may then be thought of as “nonaccidental injury,” or “NAI.”<sup>12</sup> Obviously, the term “zoophilia” remains the psychiatric diagnosis for a human who fantasizes or engages in sexual activity with animals. Though the *DSM 4 TR* places zoophilia in the “Paraphilia Not Otherwise Specified Category” it is apparent that pedophilia, exhibitionism, voyeurism, frotteurism, and sexual sadism are all generally thought of as sexual criminal activity and involve human victims who undergo distress or injury because of the act. In light of the fact that zoophiles routinely coerce, injure, and kill nonhuman beings in the practice of their paraphilia and that those beings are unable to consent to, or even fathom, the act being perpetrated on them, it may be useful to reclassify zoophilia among the “victimizing” paraphilias.

This paper describes a particular pattern of anal injury related to bestial behavior with a canine that has been described only once before in the medical literature. In that instance, Weigand et al.<sup>15</sup>

reported the case of an 11-year-old male who had a rather extensive anal injury resulting, as the child first attributed, to spontaneous assault by a male German shepherd dog. Initially, the youngster reported that he was playing with the dog at which time he fell down. His buttocks were bared, and the dog thereafter penetrated him for several minutes causing pain and bleeding. The youngster later told a psychiatrist that he, himself, had initiated the event by stimulating the dog and causing the animal to penetrate him. DNA analysis of swabs taken from the boy at his initial presentation revealed canine semen. Physical findings in this 11 year old are very similar to the present case as demonstrated by published images.

After exhaustive searches of the veterinary and human medical literature, no case of documented spontaneous sexual assault of a human by a canine could be found. Further, the author has been advised that no such reports exist in the veterinary medical literature and that the prevailing opinion of theriogenologists and animal behaviorists is that there is no scientific reason to believe that such a spontaneous event would occur. Dogs may sometimes display mounting behavior (often referred to as “humping” behavior by their exasperated owners); however, it is not necessarily sexually motivated. It may occur in dogs of both genders (even in those that have been spayed or neutered) and apparently represents a form of dominance expression. Because copulation requires coordination and complete cooperation between a breeding pair, “rape” per se, is unknown among canines (Sylvia J. Bedford-Guaus, D.V.M., Ph.D., personal communication, February 2008).

The physical injuries of this child and of the previously reported adolescent male appear to be out of proportion to their reputed etiologies until one considers the peculiar genital anatomy and mating behavior of the male canine. The canine penis consists of several distinct anatomic structures. Most proximal is the penile root, which contains muscles that both obstruct venous outflow (contributing to erection) and aide ejaculation. Continuing distally, the next section of the penis is the penile body. The penile body is the structure most accountable for the remarkable flexibility of the erect canine penis. Though firm during erection, the penile body remains flexible, allowing the penis to rotate 180° during the second phase of copulation.<sup>8</sup>

The more distal structures include the bulbis glandis, the os penis, and the pars longa glandis. The bulbis glandis is firmly anchored to the bony structure within the penis, the os penis. Beyond this, the pars longa glandis is housed within a sleeve of loose areolar tissue, which allows it to telescope over the os penis during erection. At the onset of sexual excitement, the penis becomes semi erect, allowing for intromission into the female. Intromission itself is a relatively difficult process requiring the male to mount the female in the conventional manner and to insert the penis via blind thrusting maneuvers. This requires absolute cooperation by the female and sometimes fails despite the best efforts of both animals. Intromission, with continued thrusting by the male, constitutes the first phase of a two-phase copulation process. This first phase prompts the ejaculation of spermatozoa-rich fluid by the male.<sup>8</sup>

After intromission, the pars longa glandis and bulbis glandis both undergo remarkable distention. The bulbis glandis may triple its width (up to 6 cm or more) and attain 4 cm in thickness, while the pars longa glandis may double its diameter and elongate up to 3 cm.<sup>8</sup> Peak pressures within the bulbis glandis during the intromission phase have been recorded in the range of 1280 mmHg,<sup>13</sup> indicating the firm and unyielding nature of this anatomic structure during intromission. It is, therefore, apparent why the more distal penile structures must not attain complete erection prior to intromission. If that were to occur, the bulbis glandis could not extend beyond the prepuce and intromission would be mechanically blocked by the sheer anatomic disproportion between the size of the male and female genitalia.

The reason for this rather unusual male canine genital anatomy and physiology becomes apparent when one considers the second phase of canine copulation. After the penis has been inserted into the female and distention of the bulbis glandis and pars longa glandis is accomplished, an effective lock or “tie” is effected between the male and female. This is accounted for by the distended bulbis glandis being held inside the female by pressure against the vulva. This “tie” securely anchors the copulating pair together while allowing the other distal penile structures to telescope back and forth over the os penis. After ejaculation of the spermatozoa-rich fraction of fluid, the male will dismount the female and turn 180° away from her by simply putting one or the other hind leg over her buttocks while remaining firmly “tied.” The second phase of copulation may continue for 5–45 min.<sup>8</sup> Ejaculation continues during both phases of copulation with a high volume of spermatozoa- poor seminal fluid (up to 30 ccs or so) being released during the second phase. Grandage<sup>8</sup> has postulated that erection during the second phase of copulation is supported by the 180° twist of the penis, further decreasing venous outflow. Though pregnancy is possible without a second phase of copulation, it appears that the rather large volume of seminal fluid ejaculated during the second phase serves to wash spermatozoa further into the female reproductive tract.<sup>14</sup> Finally, detumescence occurs through stimulation of the hypogastric nerve, leading to increased arterial resistance with a resultant decrease in pressures within the penis.<sup>14</sup>

In this case, the history the child gave as explanation for his injuries became consistent and straightforward after his initial evasiveness, and was borne out by the scene investigation. After gaining an understanding of the anatomy and mechanics involved in the alleged event, its plausibility became evident. Detection of canine DNA in swabs taken during surgical exploration would have been reassuring, but the decision to process those samples was beyond the purview of the author. Had the investigation not supported the history, then other possibilities would have had to be entertained. Chief among these would have been sexual assault by instrumentation or anal sodomy with resultant injury being blamed on sexual experimentation. Though such was not alleged in the present case, instances of serious genital and anal injury to children allegedly due to “spontaneous sexual assault by dog” have circulated within the child abuse pediatrics community for some time. Once again, these have never been substantiated in the medical literature, and their authenticity seems quite dubious in light of present veterinary medical thought. Also, some form of self-mutilation or other masochistic behavior would be a concern.

The need for psychological evaluation of this boy is obvious. While this may have been a single sexual experiment gone wrong, it may possibly represent a pattern of behavior only brought to light by the acute injury. Though this young man had no known history of perpetration, Abel et al.<sup>2</sup> noted that 72% of juvenile sex offenders in their study group also had an interest in bestial behaviors. Further, the psychological literature indicates that paraphilic behavior frequently begins during adolescence<sup>2,10</sup> and may broaden thereafter. Indeed, paraphilics seldom practice only one form of deviant sexual activity and may, in fact, have several coexisting paraphilias that wax and wane over time.<sup>1,2,10</sup>

The psychological implications of this single known act may extend beyond bestial behavior alone. In his extensive review of the psychological literature regarding the possible association of bestial behavior with interpersonal violence, Beetz<sup>4</sup> found that the available data estimated that bestial behavior might have a prevalence of 5–8% in American males and 2–3% in American females in the general population. Unfortunately, this data may not accurately depict the current prevalence of bestial behavior in America, as the studies from which they were drawn are now 40–50 years old and societal condemnation of bestiality may tend to suppress

self-reporting. More to the point, Beetz<sup>4</sup> concluded that the bulk of the reviewed literature indicated that bestial behavior is more often found in victims of sexual abuse, perpetrators of violent crimes, and sexual offenders.

In their study of 2093 male inmates, Hensley et al.<sup>9</sup> found that inmates who had been convicted of personal crimes were significantly more likely to have engaged in bestial behavior in their childhood or adolescence. These same inmates were also more likely to have a lower educational level than others in their sample who did not disclose bestial behavior earlier in life. The authors conclude that “these findings lend some support to the sexually polymorphous theory that among these perpetrators, sex and aggression have become mutually inclusive and that bestiality as a form of animal cruelty may be linked with interpersonal human violence” (p. 910).

### 3. Conclusion

In this day of nearly unlimited access to the internet, children are likely to be exposed to all types of aberrant sexual behavior, including bestiality. Collins<sup>6</sup> documented a number of such web sites with titles such as “Zoo Partners,” “Animal Passion,” “Farm Girls,” and “Beasty Whores” (p. 249). Should a young person view such behavior and decide to act out the portrayed events, rather impressive anal injury mimicking child sexual abuse may result. Along that same line, virtual communities exist on the internet that provide support and information to self-styled “zoophiles” as well as numerous other practitioners of unconventional or criminal sexual behavior.<sup>7</sup> It is conceivable that a child could happen onto one of these sights while searching for some type of innocent animal related information, and receive detailed tutelage on bestial behavior as well as justifications for the practice. Potential psychological implications for a child proven to have initiated this type of activity are apparent, and referral to a child psychologist or psychiatrist is mandatory. Further, a history of previous sexual victimization of the child or possible sexual perpetration by them should be thoroughly explored. In this setting, it is prudent for the clinician to take a very detailed history, in addition to having a forensic interview conducted by a specialist trained in such matters. Spontaneous sexual assault of a human by a dog has never been documented in either the human or the veterinary medical literature; and further, successful copulation between canines requires a great deal of coordination and mutual cooperation. Given these facts, along with the prevailing opinion among theriogenologists and animal behaviorists that dogs have no natural inclination to breed with humans, any history of spontaneous sexual assault of a child by a dog is almost certainly factitious.

### Conflict of Interest

None declared.

### Funding

None declared.

### Ethical Approval

None declared.

### Appendix A. Supplementary material

Supplementary data associated with this article can be found, in the online version, at doi:10.1016/j.jflm.2009.02.001.

### References

1. Abel GG, Becker JV, Cunningham-Rathner J, Mittelman M, Rouleau JL. Multiple paraphilic diagnoses among sex offenders. *Bull Am Acad Psychiat Law* 1988;**16**(2).
2. Abel GG, Osborn CA, Twigg DA. Sexual assault through the lifespan: adult offenders with juvenile histories. In: Barbee H, Marshall W, Hudson S, editors. *The juvenile sex offender*. New York: Guilford Press; 1993.
3. American Psychiatric Association. *Diagnostic and statistical manual of mental disorders*. 4th ed. (text revision). Washington (DC): American Psychiatric Association; 2000.
4. Beetz AM. Bestiality and zoophilia; associations with violence and sex offending. *Anthrozoos* 2005;**18**(Suppl.):46–70.
5. Beirne P. Rethinking bestiality: towards a concept of interspecies sexual assault. *Theor Criminol* 1997;**1**(3):317–40.
6. Collins PL. Child sexual abuse and the paraphilias. In: Cooper S, Estes RJ, Vieth AP, Giardino AP, Kellogg ND, editors. *Medical, legal, and social science aspects of child sexual exploitation: a comprehensive review of pornography, prostitution, and internet crimes*. St. Louis: United States GW Medical Publishing; 2005. p. 243–55.
7. Durkin K, Forsyth CJ, Quinn JF. Pathological internet communities: an new direction for sexual deviance research in a post modern era. *Sociol Spect* 2006;**26**:595–606.
8. Grandage J. The erect dog penis: a paradox of flexible rigidity. *Veterin Rec*:141–7. August 5.
9. Hensley C, Tallichet SE, Singer SD. Exploring the possible link between childhood and adolescent bestiality and interpersonal violence. *J Interpers Violence* 2006;**21**:910–23.
10. Marshall WL, Barbaree HE, Eccles A. Early onset and deviant sexuality in child molesters. *J Interpers Violence* 1991;**6**(3):323–36. September.
11. Miletski H. A history of bestiality. *Anthrozoos* 2005;**18**(Suppl.):1–22.
12. Munro HMC, Thrusfield MV. “Battered pets”: sexual abuse. *Anthrozoos* 2005;**18**(Suppl):71–81.
13. Purohit R, Beckett S. Penile pressures and muscle activity associated with erection and ejaculation in the dog. *Am J Physiol*(231):1343–8. November.
14. Root-Kustritz M. Disorders of the canine penis. *Veterin Clin North Am: Small Animal Pract*(31):2.
15. Weigand P, Schmidt V, Kleiber M. German shepherd dog is suspected of sexually abusing a child. *Int J Legal Med*(112):324–5.